



FRANKLIN COUNTY DOG SHELTER ADOPTION APPLICATION

DOG ADOPTER SURVEY

DATE _____ LAST NAME _____ FIRST NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____
 Drivers Lic. # _____
 Email _____

1	I have owned a dog before.	YES	NO			
2	The last time I had a dog was...	2-10 years ago	More than 10 years ago			Within the last year
3	My dog needs to get along with my other dogs.	NO				YES ← List their names, ages, genders, and breeds
4	My dog needs to be good with (circle all that apply)	Children over 8 years old	Children under 8 years old Elderly people			Cats Animals other than dogs or cats
5	My dog will primarily be an...	Inside dog				Outside dog
6	How many hours will your dog spend outside per day?					_____ hours
7	My dog needs to be able to be alone...	4 hours or less per day	8-10 hours per day		2 hours or less per day	12 hours per day
8	When I'm at home, I want my dog to be by my side...		All of the time	Some of the time	Little of the time	
9	When I'm not at home, my dog will spend its time...	In the garage In a crate in the house	In the yard			Loose in the house Confined to one room in the house
10	I want a guard dog.	NO				YES
11	I want my dog to hunt or herd with me.	NO				YES
12	I want my dog to be the type that is very enthusiastic in the way he/she shows that he/she loves people:		Not at all	Somewhat	Very	
13	I want my dog to be playful:		Not at all	Somewhat	Very	
14	I want my dog to be laid back:		Very	Somewhat	Not at all	
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash:		No Training	Some Training	A lot of training	
16	I (or my children) want to compete in Agility, Flyball, or Obedience with our dog.		NO		YES	
17	I am interested in a dog with "special needs" (medical or behavior).		NO		YES	
18	How much do you think you'll spend yearly for the care of your dog? (food, medical care, boarding toys, etc.)					\$ _____
FOR OFFICE USE ONLY:		N	P	O	G	D: 2-3-4-5-6-7-9-10-11-18

Type of Housing (circle all that apply):

Own

Rent

Live with Parents

Military House

Condo

Apartment

Mobile

Landlord name and telephone number_____

How long have you been at your current residence?_____

Name of veterinarian_____

Phone Number_____

What type of behavior classes are you planning to attend?_____

Do you have a specific dog in mind?

Name_____ **Breed Type**_____

Cage Number_____ **Impound Number**_____ **Age**_____

What made you decide to adopt a dog from the Franklin County Dog Shelter today? (please check all that apply)

☐ I have adopted from shelter before

☐ Saw the dog on your website

☐ Someone recommended it to me

☐ Saw dogs from the shelter at an event

☐ Saw your TV commercial

☐ Saw a newspaper ad in the Dispatch

☐ Saw an ad in weekly suburban paper

☐ Saw a poster of your dogs

☐ Came to Mingle with our Mutts

☐ Other_____

For Office Use Only

Approved

Refused

Opted Not to Adopt at this Time

Reason for Refusal:_____

Employee_____

Date_____

INITIAL THAT YOU BOTH UNDERSTAND AND WILL ADHERE TO THE FOLLOWING:

I hereby testify that I am financially and physically able to care for this dog. I understand that proper food, veterinary care, bedding, toys, crate, and so on can be costly and I am able to meet these requirements. I further testify that I am physically able to provide for this dog. _____

I understand that if the information contained herein is in any way found to be less than truthful, my application can be refused and said adopted dog shall be relinquished to the Franklin County Dog Shelter without refund of the adoption fee. _____

I understand that the Franklin County Dog Shelter reserves the right to refuse the adoption of any animal to any person for any reason. _____

I understand the dogs adopted from the Franklin County Dog Shelter come from various sources and may have health or temperament problems that have not been observed during their housing at the shelter. _____

I understand that the Franklin County Dog Shelter will NOT reimburse me for any future veterinary expenses including a wellness check, and that I am NOT entitled to a refund of the adoption and/or license fee. _____

I agree to call my veterinarian immediately to schedule a wellness exam for my new pet. I understand the exam should be completed within 10 to 14 days. _____

I agree to call ShelterCare immediately to activate the free one month of pet insurance. I understand that coverage does not begin until 1 minute past the second midnight after activated and that it must be activated within 10 days of the adoption date. _____

I agree to return this dog to the Franklin County Dog Shelter if I decide at any time, for any reason, that I can no longer care for the dog. _____

I agree to license my dog(s) annually by January 31st, keep their rabies immunizations current, keep my dog(s) properly confined or under my reasonable control, and have current license and rabies tags displayed on my dog(s) at all times as required by state law. _____

Note: Your dog(s) must be licensed before you can adopt this dog

Signature_____ Date_____
